



400 R STREET, SACRAMENTO, CALIFORNIA 95814-6200

**DRAFT****Task Force on Culturally and Linguistically
Competent Physicians and Dentists
September 28, 2001****Task Force Members Present**

Diana M. Bontá, R.N., Dr. P.H., Director, Co-Chair
David Carlisle, M.D., Ph.D., Director, Office of Statewide Health Planning and Development
Irma Cota, M.P.H., CEO, North County Health Services
Ron Joseph, Executive Director, Medical Board of California
Martin Gallegos, Office of the Patient Advocate

Staff Members Present:

Kristy Wiese, Assistant Deputy Director, Department of Consumer Affairs
Anita Scuri, Legal Counsel, Department of Consumer Affairs
Greg Franklin, Chief, Office of Multicultural Health, Department of Health Services

Agenda Item 1: Call to Order

Call to Order – 3:40 p.m. by Ron Joseph. Noticing the absence of a quorum, the Task Force convened as a Subcommittee.

Informational Presentations by Invited Speakers Regarding Access to Culturally and Linguistically Competent Care in the Local Community.

Ron Joseph thanked Scripps Mercy Healthcare System and Hospital for the use of their facilities. He stated there would be four invited guests and members of the public to give background on how the Task Force came to be and their recommendations for the Task Force to consider. All Task Force members in attendance introduced themselves.

Ron Joseph first introduced Greg Franklin, Chief of the Office of Multicultural Health, representing the Department of Health Services. Mr. Franklin gave background information regarding the Task Force. He also explained that the purpose and intent of these meetings was to gather input from the public as to their thoughts on how to improve and understand culturally competent care, how to address the lack of physicians and dentists. Mr. Franklin stated these hearings would be held in multi-cultural communities throughout the State, speaking with and receiving input from interested members of the public. He advised that if anyone in attendance needed interpreting services, the Department had Spanish, Vietnamese and Tagalog interpreters present.

Mr. Franklin explained that the comments and information received at the public hearings would be submitted to the Legislature as part of the Task Force's final report.

Ron Joseph introduced speaker Dr. Antonio Orozco who is a practicing dentist in the Oceanside area.

Dr. Orozco spoke regarding the lack of culturally competent physicians and dentists that are available to work in the healthcare community. He felt there should be an effort to recruit physicians and dentists from California medical and dental schools, stressing cultural and linguistic competency. He suggested this could be done the same way the armed forces recruit. Dr. Orozco said there was a need to identify individuals willing to work in areas designated as under served communities. He suggested financial incentives to help pay for a student's education including loan forgiveness. Dr. Orozco felt it was important to recognize the potential of students in high school and college and to encourage them to pursue careers in medicine.

A member of the audience asked a question of Dr. Orozco regarding his proposal to identify gifted high school students. Dr. Orozco responded that he felt the need to identify and recognize students, whether in terms of certificates or monetary support. The audience member indicated that such a proposal would take years to produce tangible results in terms of immediate impact upon the ongoing health care access crisis.

Dr. Orozco stated there could be a shorter-term impact because they could recruit graduates from medical school and offer to pay off their debts as an incentive. Dr. Orozco elaborated upon his sentiment pertaining to the importance of recognizing promising students early on in their academic careers.

Dr. Carlisle remarked that for the most part, in medical schools there is no cultural and linguistic diversity training in the curriculum. Dr. Carlisle inquired if dental schools devoted education hours to either linguistic training or cultural diversity or sensitivity training.

Dr. Orozco responded there were none. He attended UCLA and there were no such courses. He also replied that it is important to augment the curriculum so students can become more culturally sensitive when dealing with their patients.

Ron Joseph announced that Director Bontá had arrived and asked if she would like to chair the remainder of the hearing. Director Bontá declined. Mr. Joseph introduced Dr. Maria Baltierra, an emergency room doctor and a physician who works with low-income families and Mr. Daniel Moreno, an advocate for private practitioners and co-founder of Hola'.

Dr. Maria Baltierra expressed appreciation for the opportunity to address the Task Force. Dr. Baltierra stated she has been involved with medical students in the community since 1968 and stated she is familiar with approximately 100 physicians who are eager to practice medicine in California but are unable to meet the licensing requirements.

Dr. Baltierra performed a demonstration with Dr. Bontá and Irma Cota, whereby they stood in a circle and held hands for unity.

Ms. Cota asked Dr. Baltierra why she has not been able to obtain a California license. Ms. Cota asked if the testing process or the training presented a barrier. Dr. Baltierra insisted the focus should be on today, instead of what could have been.

Dr. Bontá asked if the application process included a face-to-face interview.

Dr. Baltierra responded doctors from the Hispanic Center on Excellence assist individuals in the process for seeking face-to-face interviews. Dr. Bontá asked Dr. Baltierra if a face-to-face interview was an appropriate mechanism for an appeal. Dr. Baltierra replied an appeal process is already in place.

Dr. Baltierra went on to explain the difficulty she has had obtaining a California license from the Medical Board since her residency training had not been completed in one consecutive year.

Mr. Joseph stated that the Medical Board was currently reviewing Dr. Baltierra's application for licensure and that it would be presented to the Division of Licensing at their next meeting.

Mr. Daniel Moreno was then invited to speak. Mr. Moreno believes qualified physicians were prevented from practicing medicine in California and suggested that staff at the Medical Board are biased against applicants with Hispanic surnames. He felt the Medical Board staff should be adequately trained to make a fair determination to issue a license to a physician.

Mr. Moreno reiterated there are qualified, capable, bilingual, bicultural and competent physicians who would contribute towards the healthcare solution. He asked what could be done to make it easier, fairer, and equitable for physicians to become licensed in California.

Mr. Joseph responded that the decision to issue a physician a license is based upon the licensing law requirements and is not made using subjective criteria.

Mr. Franklin encouraged Mr. Moreno to expound upon his view of purported diversions from the law with respect to the impact upon other ethnic groups.

Mr. Moreno replied other ethnic groups are affected as well. Mr. Moreno advised the licensing board would not recognize Dr. Baltierra's training as an exception to the licensing rules.

Mr. Joseph stated that the public hearing of the Task Force is not the proper forum to address individual licensing grievances against the Medical Board. Mr. Joseph stated the Medical Board endeavors to apply the statutory laws in a fair and equitable manner when reviewing licensing applications.

Mr. Joseph stated last year 4,000 physicians were licensed in California, of which only eleven applicants were denied. He further stated that one-fourth of physicians licensed in California were graduates from international medical schools from around the world. Mr.

Joseph clarified that the licensing analyst applies the statutory laws and does not apply the rules subjectively. The process to deny a license must go to the Division of Licensing of the Medical Board which consists of public members as well as physicians. He stated the licensing analysts are charged with the responsibility to determine the insufficiency of an application, but the Board determines if the application will be denied.

Mr. Joseph acknowledged Dr. Martin Gallegos, a new member to the Task Force, former Assembly Member, and recently appointed by Governor Davis to the Office of the Patient Advocate within the Department of Managed Health Care.

Dr. Jim Grisolia, Chief of Neurology at Scripps Mercy Hospital was introduced. Dr. Grisolia stated he also has a private practice in San Diego. He shared that his father was from Spain, and he speaks Spanish fluently. Dr. Grisolia explained that one-fourth of his patients speak Spanish. Dr. Grisolia also stated he has been a practicing physician for the past 18 years, and is involved with the San Diego Medical Society and the Epilepsy Foundation of America in Maryland.

Dr. Grisolia stated in some cases patient care has been compromised due to language barriers. He cited an example where a patient saw a doctor previously who did not speak their language and received inadequate care. He stated his specialty is dependent upon history and the information conveyed by the patient. He stated follow-up questions are very difficult through translators. He advised important information might be lost through the translation process. As a consequence, underdiagnosis and misdiagnosis can occur.

Dr. Grisolia shared his experiences as a provider who speaks Spanish. Dr. Grisolia cited an example of an ex-patient who suffered a seizure disorder due to an allergic reaction to a prescription for ethosuximide. The patient purportedly apprised the doctor of a pre-existing allergic reaction to ethosuximide, which is a medication available in Mexico. Because the medical staff were not familiar with the drug and could not communicate with the patient in his primary language, the patient was given dilantin, which is the same medication, by the emergency room staff. After the patient had an adverse reaction, the problem was identified. As a result, they initiated a policy change to have a Spanish copy of the Physician's Desk Reference (PDR) in the hospital pharmacy to help identify this type of problem.

Dr. Grisolia stated approximately 23% of the population residing in San Diego have no health insurance, of which 40% are Hispanics and Latinos. The lack of health insurance and a shortage of doctors have created barriers to health care. There is a large population of Hispanics and Latinos who live in the South Bay, Chula Vista and San Ysidro region. These areas have a significant number of primary doctors, but few specialists. Dr. Grisolia believed there were five Spanish speaking doctors, in his field of specialty, in the entire San Diego County, to care for three million people. He believed in the last 10 years, not one Spanish speaking doctor has moved in. He stated they are having difficulty placing new doctors in the area, particularly in the African American, Latino, and Southeast Asian communities. He felt due to the shortages of doctors, none of the populations was being well served.

Dr. Grisolia stated he is editor of the San Diego Physician Magazine. Dr. Grisolia stated various doctors have discussed the Firebaugh bill, AB 1045, which would allow doctors and

dentists licensed in Mexico to practice in community clinics in California with a temporary license in depth, portraying it as fundamentally flawed. He cited an example of a doctor who was a licensed M.D. in Mexico but not in California, who did volunteer work, then paid work with an ambulance company in Tijuana while preparing for the state licensing process. Dr. Grisolia stated this doctor gained a great deal of real world experience in the area of trauma. He subsequently worked with several ambulances companies in the United States as well as a physician assistant in the prison system. Initially he did not pass his licensing board exam, but after several attempts he was successful. Dr. Grisolia indicated that the doctor conveyed to him that the said doctor's basic education in Tijuana was inadequate. In effect, the doctor's previously mentioned experiences supplemented his training in Tijuana. Dr. Grisolia also indicated the doctor did three years of residency in the state of Minnesota and completed his residency in the state of Arkansas. Dr. Grisolia asked the doctor's opinion of the Firebaugh bill. Dr. Grisolia said the doctor felt a six-month internship was not sufficient. In his experience, he felt it took him years of clinical work and training to meet the U.S. standards and in his clinical judgement he would never have been able to do it with the limited training he received in Mexico.

Dr. Grisolia reiterated this was not an effective remedy for the healthcare crisis and offered possible solutions for the healthcare crisis. He suggested a student debt reduction program plan for medical students who are willing to practice in underserved areas and providing training classes in cultural competency. Dr. Grisolia also suggested training American physicians to become culturally and linguistically competent to help serve the patient.

Dr. Grisolia was asked to consider whether foreign trained medical students could fill the gap. He advised there was a shortage of approximately 28,000 physicians in California. The United States does not have enough medical students to fill this gap. He felt the United States should consider training foreign physicians to help alleviate the healthcare crisis.

Dr. Grisolia stated he did not have an aversion to foreign-trained physicians, but the training received in foreign locations was not equivalent to licensure from the United States. He stated there could be a shorter route for physicians to be physician assistants but not medical doctors because of deficiencies in their training.

Dr. Grisolia emphasized the need for everyone to receive good healthcare. He felt poor training would not help the problem. He stated it was more efficient to currently train doctors who are already practicing to improve the cultural sensitivity. Dr. Grisolia stated clinical experience was important in forming a doctor, emphasizing the importance of the medical residency. Dr. Grisolia concluded his comments by stating that he felt doctors should be thoroughly competent before exiting the training environment.

A member of the public interjected that he was trained as a physician in Mexico. He advised that patients who rely upon emergency room care could wait as long as four hours to be seen and that more health care providers were needed. He suggested a program that allows foreign trained physicians to work as physician assistants would be beneficial. He stated that Florida currently utilizes physicians from overseas as physician assistants while they are studying for the state licensing exam. He suggested California replicate the Florida system.

Dr. Bontá shared with the group that she had attended the Tijuana and United States Boarder Health Commission meeting in Mexico. Dr. Bontá asked for assistance concerning terrorist threats. She stated she was interviewed regarding her role as the Director of the California Department of Health Services. She asked for assistance in working with the community particularly those who speak different languages. Dr. Bontá stressed the importance of conveying to families the need for good health habits and health prevention activities. She stated various departments were working in concert with the community on health issues.

Dr. Bontá thanked Ron Joseph for chairing the meeting in her absence. Dr. Bontá also thanked her staff member, Greg Franklin for his assistance.

Agenda Item 3: Public Comment

Freddy Espinoza, a member of the public, spoke in opposition to AB 1045, the bill by Assembly Member Firebaugh that would allow Mexican doctors and dentists to practice in California under a temporary state license. He requested more Spanish speaking medical students be allowed entrance into the residency programs as an alternative. He expressed concern that the Firebaugh bill, AB 1045, would add to the healthcare crisis.

Mr. Joseph advised the Task Force does not have the authority to address concerns related to the legislation. The Task Force may provide recommendations on the residency programs in its completed report.

A member of the public spoke in favor of Mr. Espinoza's comments and stated physicians trained in Mexico should be utilized in some capacity. He reiterated two probable solutions.

1. Utilizing foreign trained physicians as physician assistants until they are licensed in California.
2. Utilizing programs like those used in the State of Florida to bring Cuban doctors into the health care delivery system.

Mr. Moreno reiterated that the training received in the United States is the same training received in other countries.

Agenda Item 4: Adjournment

The meeting was adjourned at 5:35 p.m.